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BIG WORRY: IMPLICATIONS of ANXIETY in INDIGENOUS YOUTH

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Abstract

Excessive anxiety and worry can prevent young people from participating fully in school and life opportunities. Anxiety can involve fear of being apart from significant people or being left alone; avoidance of certain situations or activities for fear of embarrassment; worrying about normal life issues; repetitive thoughts and behaviours used as protection against something bad happening; or panic attacks and fears of recurring attacks and their effects. It has been shown that unusual behaviours such as obsessional activities, the need for reassurance, low self-esteem, poor concentration, fatigue, headaches, stomach aches and other reactions from excessive anxiety can hinder a child's academic success at school and affect their social relationships. Furthermore, anxiety is linked to depression that, in some cases, leads to suicide. This is significant for Indigenous youth as suicide rates in this group are significantly higher than the Australian national average.

Not only are there difficulties in the ethical and practical aspects of conducting research with Indigenous youth, there are also difficulties in assessing mental health and anxiety, in particular, with this group. Nevertheless, it is important to gain a sense of Indigenous understanding about what is constructed as mental health, "wellness" and excessive anxiety and how we come to a shared understanding of these concepts so that meaningful research into areas such as anxiety can be conducted.

Introduction

This paper examines what is currently known about Indigenous concepts of "wellness", then looks at anxiety-provoking stressors for Indigenous youth and cultural strengths that may be protective. It then discusses research and assessment issues specific to Indigenous communities and general anxiety measurement issues. A study to investigate the incidence of anxiety in Indigenous youth across urban, rural and remote settings is proposed.

Anxiety

Anxiety can be described as a response to a threat (Campbell, 2004) or a feeling of uneasiness whose source is uncertain or vague, but with debilitating effects as if that source was real or specific (Robinson et al., 1992). It may involve fear of being apart from significant people or being left alone; avoidance of certain situations or activities for fear of embarrassment; worrying about normal life issues; repetitive thoughts and behaviours; or panic attacks. It has been shown that anxiety related behaviours such as obsessional activities, the need for reassurance, low self-esteem, poor concentration, fatigue, headaches, stomach aches and other reactions to excessive anxiety can hinder a child's academic success at school and affect their social relationships (APA, 1994). Furthermore, research has shown that anxiety is linked to depression (Costello & Angold, 1995; Manassis & Menna, 1999) and that, in some cases, it leads to suicide (Wicks-Nelson & Israel, 1997). This is significant for Indigenous youth, as suicide rates in this group are disproportionately higher than for non-Indigenous youth. While it is now believed that there are suicidal risk factors that are uniquely Aboriginal (Tatz, 2001; Westerman & Vicary, 2000), factors such as anxiety and depression also need to be considered.

Recent Australian data collected by Zubrick et al. (2005) indicated that Indigenous young people appear to have a higher incidence of mental health problems than non-Indigenous youth. It showed that 26% of Indigenous young people compared to 17% of non-Indigenous children in the 4-11 year age group were at high risk of significant mental health difficulties. Of even greater concern, 21% of Indigenous 12-17 years olds were likely to be at risk compared with 13% of non-Indigenous youth. While anxiety is an increasing mental health problem for young people generally,

little is known about the incidence of excessive anxiety in Indigenous youth. As the adverse consequences of anxiety are known in non-Indigenous populations, it is important to determine if it is also a significant problem for Indigenous youth, so that appropriate interventions might be identified or developed to address the issue.

Cultural differences

While anxiety is a universal human condition and there will be similarities across cultures, differing constructs of mental health and wellness may also result in differences in presentation of some symptoms, importance placed on symptoms and the meaning attached to symptoms. It is, therefore, essential to explore Indigenous constructs of mental health and well-being, particularly in regard to anxiety before research can be conducted into identification, prevalence, and intervention of excessive anxiety in youth.

Mental health is defined by the World Health Organization (1999, p. 1) as "a state of social and emotional well-being that enables people to undertake productive activities, experience meaningful interpersonal relationships, adapt to change and cope with adversity" and while there is resonance in this definition for Indigenous people, it does not fully encompass their differences in beliefs about mental health. A recent qualitative study, undertaken in Western Australia, revealed results that supported the notion that Aboriginal conceptualisations of mental health are holistic, containing both cultural and spiritual elements. Analysis of the data showed four main themes including the importance of culture, conceptualisations of mental health, the importance of Aboriginal mental health treatment methodologies, and the appropriateness of Western psychotherapy when applied to Indigenous populations (Vicary & Bishop, 2005).

The Indigenous conceptualisation of mental health was described as "wellness" of physical, mental, cultural and spiritual aspects of a person and illness was more likely to occur if one element was compromised. Additionally, illness was more likely to eventuate due to spiritual or law transgressions rather than direct causal links. In particular, the spirit world influenced mental health status. Time spent away from homelands also weakened the spirit, which was detrimental to mental health. Furthermore, emotional states were often attributed to being character traits rather than illness. The authors concluded that the differences to Western psychiatry were so extensive that mental health interventions need to be reconsidered and that current practices were not meeting the needs of Indigenous clients.

Due the complexity and diversity of Indigenous groups, it must also be appreciated that the values and ethics may or may not be shared by all Indigenous people and that there is an overlap between some groups of Indigenous and non-Indigenous people who may share similar beliefs regarding holistic health or Western religion. Despite this, however, there are still many differences and central to the difference is the belief that self, community, and the universe, or the mind, body, and spirit are not separated (Garvey et al., 2004). Compounding potentially differing cultural perceptions about mental health and anxiety, is the difficulty of determining when anxiety is normal and appropriate and when it is excessive.

Risk and protective factors

Although there are no incidence studies specifically dealing with anxiety in Indigenous youth, there are many anxiety-provoking stressors in this population, particularly in the light of distressing socio-economic and social issues. Ongoing anger, loss and grief felt by Indigenous people from their original dispossession following colonisation still dramatically affect well-being. The *Bringing them home report* (Human Rights and Equal Opportunity Commission, 1997) established that forced separation and institutionalisation of Indigenous people resulted in health problems and a range of emotional distress including anxiety in adults. Generational poverty (Payne, 1996; Saggers & Gray, 1991) is also a central issue to "psychosocial stress". The Human Rights and Equal Opportunity Commission (2006) states that social and economic disadvantage places Indigenous youth at greater risk of behavioural and environmental health risks. This situation also has a significant impact on physical and mental health, and self-destructive tendencies. In addition, WHO (2002) includes anxiety as one of the many psychological problems linked to exposure to violence. It is significant, therefore, that 32.7% of Indigenous 11 to 14 year-olds reported being concerned about physical or sexual abuse (Mission Australia, 2005).

The recent *Western Australian Aboriginal child health survey* (Zubrick et al., 2005) indicated that 24% of Aboriginal children aged 4 to 17 years were in the high risk category of clinically significant emotional or behavioural difficulties. Factors linked to this were the number of major life stress events experienced in the previous 12 months; family and household factors, specifically, poorly functioning families and poor quality of parenting, being in the care of a sole parent or people other than their original parents and having lived in five or more homes; being subjected to racism in the past six months; physical health of the child and carers; speech impairment; severe otitis media; vision problems; carer access of mental health services; and smoking and marijuana use. Suicide risk factors specific to Aboriginal populations have been found to be disruption, forceful removal, substance abuse, social isolation, and cultural identity and racism (Tatz, 2001; Westerman & Vicary, 2000).

Although these risk factors could indicate that excessive anxiety in Indigenous youth is extremely prevalent, this needs to be balanced by examining the protective factors. Protective factors have been found for youth living in homes with high household occupancy level and carers both being the original parents (Zubrick et al., 2005). Participation in organised sport was also seen as being beneficial, particularly in terms of improved self-esteem. Problem scores were lowest in extremely isolated places where it was suggested that traditional culture and ways of life may be protective. Pedersen and Walker (2000) also suggest that the self-concept of Aboriginal children in remote areas is high possibly because of their Aboriginal community support, although, specific factors are not elaborated. This protection is particularly significant as Trewin and Madden (2005) report that multiple stressors are more than twice as likely to have occurred for Indigenous people living in remote areas.

Research issues

Conducting research with Indigenous populations can be contentious due to a range of cultural and social issues. Additionally it is unclear what assessment methods are most appropriate to ascertain anxiety levels in Indigenous youth. Differing Indigenous constructs of mental health also need to be considered as well the difficulties of assessing anxiety in children and adolescents generally.

Cultural issues

In recent times there has been far greater recognition of the need for culturally sensitive research with Australian Indigenous people. The recognition and understanding that there must be sharing of knowledge systems is the cornerstone of any research conducted between two cultures. The challenge of rethinking, recontesting and reforming Western "ways of knowing" will, of necessity, be ongoing throughout any research project examining Indigenous issues if quality results are to be gained and respect between researchers and participants is to be achieved. To minimise and hopefully avoid misrepresentation, interpretations and assumptions made of Indigenous "ways of knowing", research approaches and methodologies that include participants in the research process, are the key.

Historically, biases involving people from cultural minority groups as research participants have, at times, caused distress (Safren et al., 2000). This has resulted in understandable wariness about research amongst Indigenous groups worldwide. Australian Indigenous groups have expressed concerns about the purpose of research and how it will enhance their lives; about being able to communicate effectively; and about being represented accurately (Gulash et al., 1999). Communication can be impeded through researchers and participants having different cultural and ethical value systems (Garvey et al., 2004), and through inappropriate research tools that do not allow for participant opinions and concerns to be expressed adequately. This results in participants feeling that some research is irrelevant to their experience (Safren et al., 2000), which, in turn, affects participation and the quality of responses. In the field of mental health, the research topics may be seen as obscure or it may simply be inappropriate to disclose the requested information. Other factors such as the location of the actual information gathering or how access has been gained to the community can also be important influences on participation by Indigenous groups.

Additionally, while it essential for non-Indigenous researchers to come to some kind of understanding of cultural differences, Dudgeon (2000) and Dudgeon, et al., (2000) caution non-Indigenous people not to over-generalise about Indigenous values and beliefs and ethical frameworks because of the diversity of Indigenous cultures, communities, and values. Individual values, beliefs and cultural norms must be observed in the specific context of community. This has important implications for researchers in their ability to generalise the results of studies.

However, a culturally safe and respectful form of research has been described by Martin (2003). This Indigenist research framework recognises cultural protocols for working with Indigenous groups, acknowledges distinctive Aboriginal worldviews, knowledges and realities as being essential to survival; honours Aboriginal social mores; emphasises social, historical and political contexts which shape Aboriginal lives; and respects Aboriginal voices and experiences. An Aboriginal ontology is advocated as a framework for research including three constructs: ways of knowing, ways of being and ways of doing. While it is not possible for non-Indigenous researchers to form their own Indigenous ontology, this work confirms the importance of non-Indigenous researchers working closely with Indigenous researchers and/or "cultural consultants" who may be able to assist in providing this framework (Vicary, 2000; Vicary & Bishop, 2005; Westerman, 2004).

Anxiety assessment issues

While accurately assessing anxiety in children and adolescents is generally complex (Campbell & Rapee, 1996), when the participants in an anxiety study are Indigenous, further complications may arise. Bias, validity and reliability concerns in the assessment of Indigenous groups have long been an area of contention due to range of cultural issues that can misrepresent actual abilities or states of mental health (Drew, 2000). It has been suggested that any assessment is culturally biased unless it takes into account all potential factors

regarding the development and maintenance of the problem and impact upon intervention. Issues in achieving an inaccurate picture of functioning can include the use of culturally biased assessment tools, inappropriate comparison of data, a poor relationship between the assessor and the participant, the assessment setting, whether similar performance is seen in the cultural context and recognition of cultural factors such as culture-bound syndromes or differences in conceptualisation of mental health (Westerman, 2002).

While the ideal is to use unique measures to ensure reliability, validity and acceptability by Indigenous groups, there will be times when mainstream measures will be used out of necessity. A reduction of bias may be possible through building the cultural competence of assessors, using cultural consultants and considering the differences in Indigenous constructs of mental health and recognising and incorporating a traditional hierarchy of problem resolution within interventions. In addition, Westerman (2002) recommends being vigilant about potential bias in assessment processes; the possibility of culture-bound syndromes; cultural validation of findings; and the use of acculturation measures.

For example, in the case of the *Western Australian Aboriginal child health survey* (Zubrick et al., 2005), cited in this paper to establish the extent of mental health problems in Aboriginal youth, the Strength and Difficulties Questionnaire (SDQ) was one of the data gathering instruments used. It required several adaptations with permission of the original developer of the questionnaire, Robert Goodman, and consultation with key Indigenous groups and Indigenous communities.

The SDQ is a widely used assessment shown to be valid with the general population (Goodman, 1997; Goodman et al., 1998) in assessing psychological adjustment of children and youth. In the Australian context, this validity has been further supported by Hawes and Dadds (2004) in a study using a large sample of young Australian children aged four to nine years. In order to use this instrument with an Australian Indigenous population, however, item probes consistent with cultural values and modifications to the response scale were established through consultation with a community reference group. Due to varying Standard Australian English skills of respondents, the standard self-report using pencil and paper was substituted with face-to-face administration and an interviewer recording responses. Wording was adapted to incorporate Aboriginal English and language appropriate for face-to-face interviews. A pilot study and field testing of adapted items, first with experienced interviewers, then trained Aboriginal interviewers was conducted as was psychometric evaluation of the measurement properties of the adapted questionnaire (Silburn, 2005; Zubrick & Silburn, 2006).

Mainstream anxiety assessment involves measuring the three responses, cognitive, physiological and behavioural, to perceived threat. Direct observation, structured interviews, other-reports and self-report measures are commonly used to assess excessive anxiety in young people (Dadds et al., 1994; Wick-Nelson & Israel, 1997). Campbell and Rapee (1996) suggest that assessment of anxious children and adolescents is difficult due to the high co-morbidity between anxiety disorders, measurement method variance, and the children's developing cognition, language and psychosocial functioning. There is also a problem with the lack of agreement between information provided by the young people themselves, and their parents and teachers and clinicians (Brunshaw & Szatmari, 1988). Children and adolescents may have difficulty in labelling and communicating their subjective feelings. They do not always understand the meaning or purpose of questions (Siegal, 1991) and anxious children, in particular, can be influenced by the unnatural nature of questioning, giving inconsistent answers or responding in order to please the adults (King & Yule, 1987) or even refusing to acknowledge anxious symptoms at all (Hoehn-Saric et al., 1987).

Conclusion: Proposed research approach

As previously discussed, excessive anxiety may be a significant issue for Indigenous youth, however due to the lack of research it is unclear as to what extent. When undertaking such research the question of Indigenous community benefit should be considered and subsequently inform design, conduct and evaluation. Informal discussions held with Indigenous people in a "scoping phase" (Vicary & Bishop, 2005) indicated excessive anxiety is regularly observed in many Indigenous young people and that this issue needs recognition, investigation and intervention. As has also been discussed, there is a range of obstacles to be overcome in order to conduct quality anxiety research with Indigenous youth.

Current information suggests that good practice in Indigenous research is based upon building quality relationships with participants who are seen as being partners in the research. Establishing an advisory group (Martin, 2003; Vicary & Bishop, 2005) to advise on aspects of the research process and validate accurate representations is a foundation step towards meeting the needs of Indigenous people in culturally appropriate ways. Furthermore, engagement of "cultural consultants" (Vicary & Bishop, 2005) can assist with validating the researcher, assisting with appropriate access to communities and with specific cultural knowledge and language issues. Time must be allocated to learn about culture and protocols and build trust. Respect shown through reflective listening can help establish relationships, not only for the current work, but also for following studies.

In the initial stages of the work, qualitative research methods most closely match appropriate approaches to Indigenous research, in particular listening to what participants have to say, identifying themes and allowing findings to inform the following studies and research programme. Focus groups that enable Indigenous young people, their parents and teachers to express their opinions can be used to ascertain Indigenous constructs of mental health and excessive anxiety, how it presents, and the impact it has upon the lives of young Indigenous people in urban, rural and remote communities. These discussions also enable participants and the researcher to come to shared understandings of these concepts with the assistance of the "cultural consultants".

If initial findings indicate that Indigenous youth, their parents and also their teachers believe excessive anxiety is a significant issue, appropriate anxiety assessments then need to be examined. Again, focus groups will allow students to sample a range of anxiety measures and give their opinions about how effective the measures are in enabling them to express their feelings about anxiety. Issues such as how the scale is structured, "shame factor" about any questions, readability, understanding of what is being asked, comprehension of ideographs or graphics and general youth-friendliness need to be discussed.

Trialling the most appropriate measure will need to be conducted prior to a large-scale study of youth in a range of settings. The presence of "cultural consultants" is necessary during administration of any measures to ensure that practice and procedures implemented by the non-Indigenous researcher are culturally appropriate and sensitive. Questionnaires, given to teachers and interviews held with parents would provide additional information to improve the quality of the data.

The mapping of the extent of anxiety in Indigenous youth may inform further work that examines appropriate and effective intervention for Indigenous youth with anxiety disorders. This work engages within the cultural interface on two main fronts. Not only does knowledge about Indigenous research need to be created between a non-Indigenous researcher and Indigenous participants, but an understanding of Indigenous mental health, particularly excessive anxiety, also needs to be shared. There are implications of this work, not only for Indigenous youth, but also for non-Indigenous education systems and educators.

Childhood anxiety disorders are extremely impairing conditions, interfering with a child's adaptive functioning in multiple domains (Vasey & Ollendick, 2000). These include interpersonal relationships, social competence, peer relationships, school adjustment and academic functioning (Flannery-Schroeder, et al., 2004; Manassis, et al., 2004). An anxious child within an educational setting, for example, may experience difficulties in remaining on-task during a social evaluative situation, may have problems interacting with peers and forming and maintaining friendships, or may avoid school or classes that are anxiety provoking. Consequently, children with anxiety often experience difficulties in responding appropriately to normal developmental challenges and many underachieve in school (Woodward & Ferguson, 2001).

Education systems have a significant role to play in the social support of students dealing with mental health issues to ensure that they have a successful school experience. Addressing these issues as early as possible can have a positive impact upon learning and also on life outcomes.

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Sandra Phillips, Jean Phillips, Sue Whatman & Juliana McLaughlin (Eds.)

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